

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **745988**

(6)

1. Corporation Name

BURGUNDY G ASSOCIATION, INC.



Principal Place of Business PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487 US	Mailing Address PRIME MANAGEMENT GROUP, INC. 6300 PK OF COMMERCE BLVD BOCA RATON FL 33487 US
--	--

3. Date Incorporated or Qualified 02/16/1979	
4. FEI Number 59-1937724	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BLUESTEIN, JEROME BURGUNDY G 302 KINGS POINT DELRAY BEACH FL 33484
--

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jerome M. Bluestein* (NOTE: Registered Agent signature required when reinstating) DATE **3/11/98**

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME HIRSCH, MILTON	
STREET ADDRESS 334 BURGUNDY G	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE V	<input type="checkbox"/> DELETE
NAME SHWARTZ, MURRAY	
STREET ADDRESS 323 BURGUNDY F	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE S	<input type="checkbox"/> DELETE
NAME SIMON, JOHANNA	
STREET ADDRESS KINGS PT. BURGUNDY G 300	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME BLUESTEIN, JEROME	
STREET ADDRESS KINGS PT. BURGUNDY G 302	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME FRIEDMAN, AILEEN	
STREET ADDRESS 309 BURGUNDY G	
CITY-ST-ZIP DELRAY BCH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MARGOLIS, SEYMOUR	
STREET ADDRESS BURGUNDY G 324	
CITY-ST-ZIP DELRAY BEACH FL 33484	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shwartz, Murray
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerome M. Bluestein* (61) **499-5248**

CR2E037 (10/97)